

16929

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

Primary Registration District No. 1002

Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1620 Summit
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 Years
years, months or days)

3. (a) PRINT FULL NAME MARION EDWARD FOREMAN
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Eva (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Dec. 29, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 21 hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Janitor

11. Industry or business S. W. Bell Telephone Co.,
Jonathon Foreman

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Lavinia Farrell
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Foreman
(b) Address 1620 Summitt

17. (a) Burial (b) Date thereof May 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son,

(b) Address Kansas City, Mo.

19. (a) 5-22-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1620 Summit
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 20
year 1943 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 14,
1939 to Dec 23, 1942
that I last saw him alive on Dec 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial
degeneration Duration 5 yrs

Due to arteriosclerosis 15

Due to Chronic hepatitis 13 1 B 15

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Inc. (Specify type of place)
While at work? (e) Means of injury _____

23. Signature Chas S. Kramer (M. D. or other)
Address 500 Bryant Bldg. Ke. Date signed 5/21/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. C. C. Krummer
Bryant Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

H. D. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

H. C. Mc

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.